

ISSUE SLIP STAPLE AREA (for additional cross references)

| POS. N | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------------|------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | B7 | 12 SC3-283 | 4/12 24-20-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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